



RESIDENTIAL SERVICE

REPORT for SINGLE PLAN DEVELOPMENT

PURPOSE

The purpose of this report is to provide residential service information to the customer's service coordinator for the development of the customer's single plan.

INSTRUCTIONS

1. Completion of this report is required for customers who reside in a Community Training Home, Supervised Living Program or Community Residential Care Facility.
2. The Residential Director is responsible for ensuring that the report is:
 - Complete, accurate and of quality.
 - Submitted (via copy) to the customer's service coordinator no later than fifteen (15) business days prior to the customer's annual single plan review date, or as requested by the customer's service coordinator.
 - Maintained (e.g., original) in the consumer's residential service record.

NOTE: The Residential Director may assign a designee to complete the form, however it is ultimately the responsibility of the Residential Director to ensure compliance.

NOTE: An updated copy of the customer's financial plan should be attached to the report.

3. Provider agencies should use the DDSN Residential Service Report for Single Plan Development form, or a form chosen by the provider and approved by DDSN. The instructions and form can be accessed at: <http://ext.ddsn.sc.gov>
4. The DDSN Residential Service Report for Single Plan Development should contain the following information:

SECTION 1: **General Information**

- A. The date the report was completed.
- B. The type of facility the customer resides in (ex. CTH I; CTH II; SLP I; SLP II; CRCF).
- C. The address and telephone number of the facility.

SECTION 2: **Identifying Information**

- A. The customer's full name. For example, Robert Allen Zimmerman.
- B. The customer's level of participation in planning and health care decisions (e.g., medical procedures, restrictive interventions, psychotropic medication, admission/discharge process) is identified as one of the following:
 - 18 years of age or older, has not adjudicated incompetent nor declared unable to consent and participates in planning and health care decisions.
 - 18 years of age or older, has not adjudicated incompetent but has been declared unable to consent, and has a surrogate who must participate in planning and health care decisions (Reference DDSN Policy 535-07-DD).
 - 18 years of age or older, has been adjudicated incompetent, and has a guardian who must participate in planning and health care decisions.

- 17 years of age or younger, and has a parent or legal representative who must participate in planning and health care decisions.
- C. Name and relationship of the customer's primary contact (to include telephone number and address).

SECTION 3: **Critical & Emergency Information**

- A. When applicable, quick reference information critical to the customer's health, behavior, and/or safety that is essential for staff to be aware of in order to prevent potential harm to the customer or others. For example, allergic to pecans, 1:1 supervision while bathing, likes to start fires, prone to choking when eating.
- B. A brief statement acknowledging that an emergency/disaster preparedness plan has been developed by the provider agency and identify where the plan is maintained. For example, an emergency/disaster preparedness plan has been developed by MDSH, Inc. and is located in the office at Oak Grove Community Training Home II. (Reference DDSN Policy 100-25-DD).

SECTION 4: **Residential Service Summary:**

- A. The name of the assessment tool used, and the date the assessment was conducted.
- B. A summary of the assessment results.

NOTE 1: The summary should include prioritized information regarding:

- What the customer does well;
- Essential needs of the customer which supports the need for residential services & correspond to proposed interventions for the upcoming year; and
- When applicable, identify strong customer preferences, for example "attending St. Mark's Baptist Church on Sundays at 10:30am".

NOTE 2: The summary should include information regarding levels of accountability (Reference DDSN Policy 510-01-DD) if this has not already been addressed under the “critical information” section.

NOTE 3: The summary should include the customer’s primary means of communication (ex: words, gestures; sign language; writing; interpreter (explain); adaptive device (identify type), etc.).

NOTE 4: Comment on the customer’s general behavior and when applicable, the effectiveness of any interventions to address the behavior (ex. Behavior Support Plans).

- C. If this is not a new customer, a summary of the customer’s progress on all skills training objectives, and the effectiveness of care and supervision interventions implemented throughout the previous year.

NOTE 1: The progress summary may be written in general terms as long as progress can be defined in the day record (ex. “Progress has been made on Bob’s money management objective”); OR written in measurable terms (ex. “Progress has been made on Bob’s money management objective. He began the objective 10/03, and relied totally on staff to budget his monthly income. As of 5/04, he now budgets his own monthly income at 90% independence). Also, report on overall progress. Start with when the training began, until the last date the service monitored. Do not just report on the last quarter, etc.

NOTE 2: Include how care and supervision interventions (e.g., medication administration, accountability levels, etc.) impacted the consumer’s health. For example, “Over the past year, Bob’s accountability levels were effective in maintaining optimal health and safety. He experienced no accidents/incidents resulting in injury or harm. Bob’s medication continues to be administered and monitored by staff to insure compliance with physician orders”.

- D. A list of all of the needs that are identified by the assessment and recommended by residential staff to be addressed in the upcoming year and the recommended actions to be taken to address the needs.

NOTE 1: Each need identified in this section should be based on (correspond to) a specific need identified on the assessment and included Section 4 of the Residential Service Summary (Item B).

NOTE 2: Each need and action should be written in a person-centered manner, and not service-oriented. For example, "Bob needs residential habilitation" is not an appropriate need. The appropriate need could be stated as, "Bob needs to improve money management skills." The subsequent action to address the need could be stated as, "Skills training" or "Skills training to complete a deposit slip".

A customer who uses a wheelchair and is not having difficulties with his/her current wheelchair would not require a need/action statement. However, if that consumer needed a new wheelchair/or wheelchair repair, a need and action statement would be required.

NOTE 3: There should be a logical relationship among goals and objectives from year to year unless otherwise documented in the record. Objectives should not be fragmented or unrelated from year to year. For example, Bob's current need is to "improve money management skills". He is working on a "budget monthly income" objective. If the need to "improve money management skills" is not recommended within the in the pre-staffing report for the upcoming year, a reason should be document in Bob's residential record to explain why.

NOTE 4: The needs identified should justify the customer's request for residential services. Actions should meet the service definition, (e.g., "Care, skills training and supervision provided to individuals in a non-institutional setting. Services include assistance with acquisition, retention, or improvement in skills related to activities of daily living, such as personal grooming and cleanliness, bed making and household chores, eating and the preparation of food, and the social and adaptive skills necessary to enable the individual to reside in a non-institutional setting".

NOTE 5: Each action should be assigned a projected completion date. The date is based on when the objective is likely to be completed based the customer's rate of

learning. The date is used as a trigger to evaluate whether or not the customer's progress is sufficient or if a revision to the objective is warranted.

NOTE 6: Each action should identify a Person Responsible. The person, by name or by title, who will be responsible for implementing the actions noted to address the needs. If a title is used, the title must be specific enough to determine who is responsible. Titles such as Residential Director or Residential Coordinator are appropriate. Titles such as DSN Board staff, residential program staff, etc. are not acceptable.

SECTION 5: Health Information:

- A. The name, address and telephone number of the customer's primary care physician, as well as other medical professional utilized.
- B. The name, address and telephone number of the Hospital the customer chooses to use.
- C. The date (to include the month, date and year), and summarized results (specify essential concerns noted) of the customer's most recent:
 - Physical exam;
 - PPD test;
 - Dental exam;
 - Vision exam; and
 - OB/GYN exam (if female and at least 16 years of age).
- D. When applicable, all significant medical conditions of the customer (ex. allergies, seizures, etc.); the intervention for each medical condition listed (ex. avoid eggs; tegretol); and the name and telephone number of the person who recommended the intervention listed.
- E. When applicable, identify who administers medications and/or treatments to the customer, (ex. the customer; the customer with assistance from caregiver (certified med technician); or licensed nurse).

- F. The type of diet the customer has received, along with any special instructions (ex. 1600 calorie diet, chopped meats w/ no added salt, or regular diet, etc.).
- G. When applicable, identify all assistive technology devices or supplies currently prescribed (ex. eyeglasses, wheelchair, etc.); the specific schedule for use (ex. only when reading, only for transporting, etc); and identify the name and telephone number of the person who prescribed device or supply.

SECTION 6: Provider Agency Information

- A. Identify the Residential Provider Agency (to include name, address, and telephone number w/ areas code).
- B. Identify the person completing this report (to include: name, title and telephone number w/area code).